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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/056,739 01/25/2002 PAT 6,666,378

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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Allyn</i> Examiner's Signature	STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

Multimedia gift card

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
RECEIVED	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees ( Filing )
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